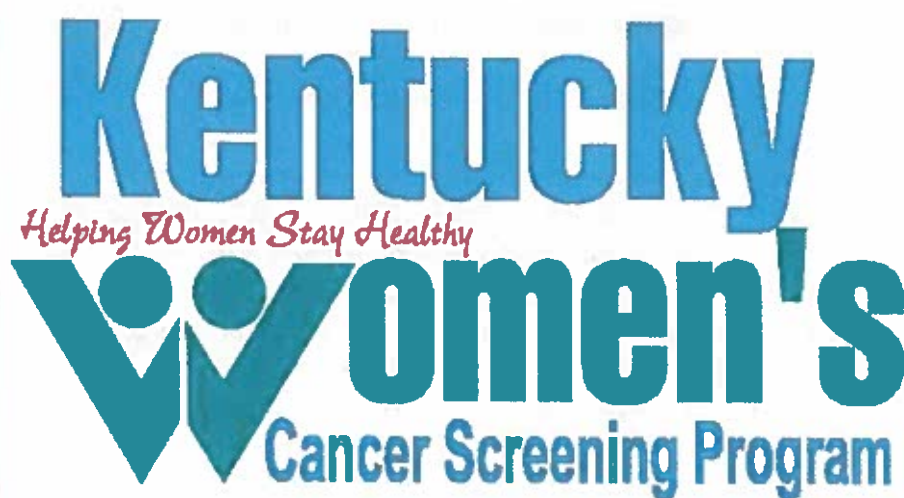


**The Status of Breast Cancer in the Commonwealth**  
**Annual Report**  
**Fiscal Year 2015**



**Presented to the Governor and State Legislature**  
**By**  
**The Kentucky Women's Cancer Screening Program**  
**Division of Women's Health**  
**Department for Public Health**



**Kentucky Public Health**  
Prevent. Promote. Protect.

# **The Status of Breast Cancer in the Commonwealth**

## **Annual Report**

### **Fiscal Year 2015**

This report was prepared by  
The Kentucky Women's Cancer Screening Program  
Division of Women's Health  
Kentucky Department for Public Health  
in collaboration with  
The Breast Cancer Advisory Committee

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Data, Frankfort, Kentucky: Cabinet for Health and Family Services, Kentucky Department for Public Health [2016].

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## Table of Contents

Message from the Commissioner .....	4
Executive Summary.....	5
 Breast Cancer in Kentucky .....	6
Incidence .....	6
Mortality .....	8
Screening .....	11
 Kentucky Women’s Cancer Screening Program .....	13
Eligibility Criteria.....	13
Provision of Services.....	14
Breast and Cervical Cancer Treatment Program .....	14
Public Education and Outreach .....	15
 Clinical Services Report .....	16
Screening Mammograms.....	16
Outcomes .....	20
 Quality Assurance .....	21
Clinical Standards .....	22
Case Management.....	23
Professional Development .....	23
Data Monitoring .....	24
 Financial Progress Report .....	24
 The Affordable Care Act.....	25
 Appendices.....	26
A: Incidence Map.....	26
B: Mortality Map .....	27
C: Glossary .....	28
D: Kentucky Revised Statutes and Administrative Regulations .....	29



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**MESSAGE FROM THE COMMISSIONER**

**KENTUCKY DEPARTMENT FOR PUBLIC HEALTH**

The Kentucky Women's Cancer Screening Program (KWCSF), in collaboration with the Breast Cancer Advisory Committee (BCAC), is pleased to present the "Annual Report on the Status of Breast Cancer in the Commonwealth for Fiscal Year 2015". This report provides an overview of the burden of breast cancer among Kentucky women and a summary of KWCSF's achievements during FY 2015.

Since 1990, a total of 321,996 screening mammograms have been performed through local health departments in Kentucky. Women who are 21 through 64 years of age, at or below 250% of the federal poverty level with no Medicaid, Medicare or third party payer are eligible for KWCSF services. During FY 2015, 3,768 screening mammograms were provided through local health departments with 1,425 provided to KWCSF eligible women. Since 2002, the KWCSF referred more than 5,340 patients to the Kentucky Department for Medicaid Services Breast and Cervical Cancer Treatment Program for cancer treatment services of the breast or cervix. Of the 5,340 referrals, approximately 1,621 cases of breast pre-cancers and invasive cancers were detected. In FY 2015, Kentucky was recognized as one of 12 states among 68 states and tribes that met all of the Centers for Disease Control and Prevention's Core Performance Indicators for the quality of breast and cervical cancer services. This accomplishment has been reached since 2006 for 18 consecutive data submissions.

I would like to express my appreciation to communities, local health departments and healthcare professionals across the Commonwealth for their support in the promotion of breast cancer awareness, screening and prompt referral for treatment of KWCSF's patients with breast and cervical pre-cancer or cancer. Through screening, early detection, prompt referrals and community outreach initiatives, we can make a tremendous difference in the health and lives of Kentucky women.

Sincerely,

Hiram C. Polk, Jr., MD  
Commissioner Department for Public Health

## Executive Summary

Breast cancer has been a longstanding public health concern in Kentucky. Approximately 604 women die every year from breast cancer in the Commonwealth. To reduce the physical and financial burden of breast cancer, the Kentucky Women's Cancer Screening Program (KWCSPP) has taken steps to emphasize early detection of the disease through public education and outreach activities, screening and diagnostic services, and prompt referrals to quality treatment while partnering with organizations and individuals around the state.

In 1990, the Kentucky Department for Public Health was allotted state general funds for breast cancer screening services performed through local health departments (LHDs). In 1998, the KWCSPP received federal funding to provide additional breast cancer screening services. The KWCSPP enrolls uninsured women ages 21 to 64 with incomes less than 250% of the federal poverty level, which equates to \$60,751 annual income for a family of four. Since the program's inception, 321,996 screening mammograms have been provided and 2,418 cases of breast cancer have been detected.

In FY 2015, the KWCSPP funded LHDs to provide clinical breast exams to at least 7,628 women. Mammograms were provided to at least 1,425 uninsured women through LHDs who could not have otherwise afforded to be screened. The KWCSPP made great strides in improving screening rates for the disparate populations through public education and outreach. KWCSPP supports special efforts to recruit African American, Hispanic, and Appalachian women as well as others from underserved populations for breast cancer screenings.

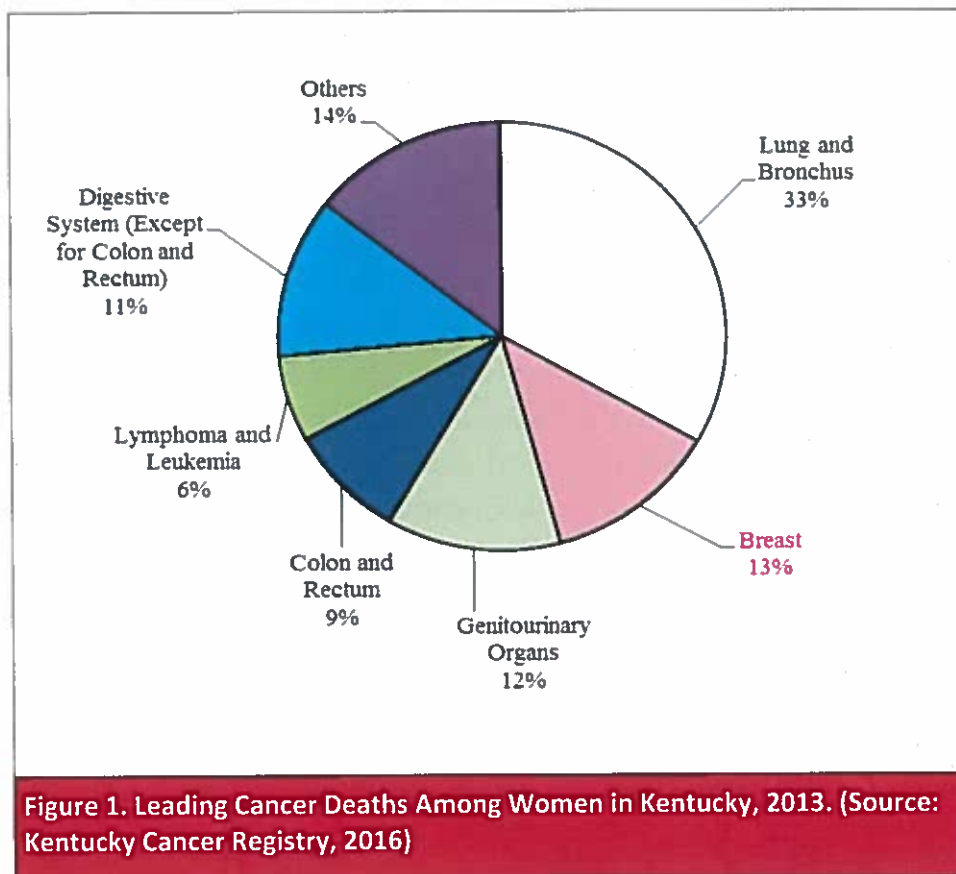
Current data shows the overall breast cancer mortality rates in rural and urban parts of the state are similar, whereas in the past rural areas had higher mortality rates. The KWCSPP is encouraged by this data which reflects successful outreach efforts. Reducing and removing barriers to screening and decreasing racial and geographic disparities will remain a priority for the program.

The KWCSPP assures the quality of breast cancer screening services and timely referrals for treatment services, efforts that are tracked and monitored by the Centers for Disease Control and Prevention (CDC) report of the program's 11 core performance indicators. Four of the 11 indicators assess quality of breast cancer services. According to the CDC, the KWCSPP met or exceeded the CDC standard for all quality of care performance indicators for the last nine years, making the KWCSPP one of the highest quality programs in the country. Quality assurance tools developed by the KWCSPP are now being used as models in other states.

Since 2002, the Kentucky Department for Medicaid Services (DMS) has partnered with the KWCSPP to provide treatment to women screened and diagnosed through the KWCSPP. The Breast and Cervical Cancer Treatment Program (BCCTP) allows women diagnosed through the KWCSPP to access treatment for pre-cancer or cancer of the breast. To date, over 5,340 Kentucky women have benefited from this partnership.

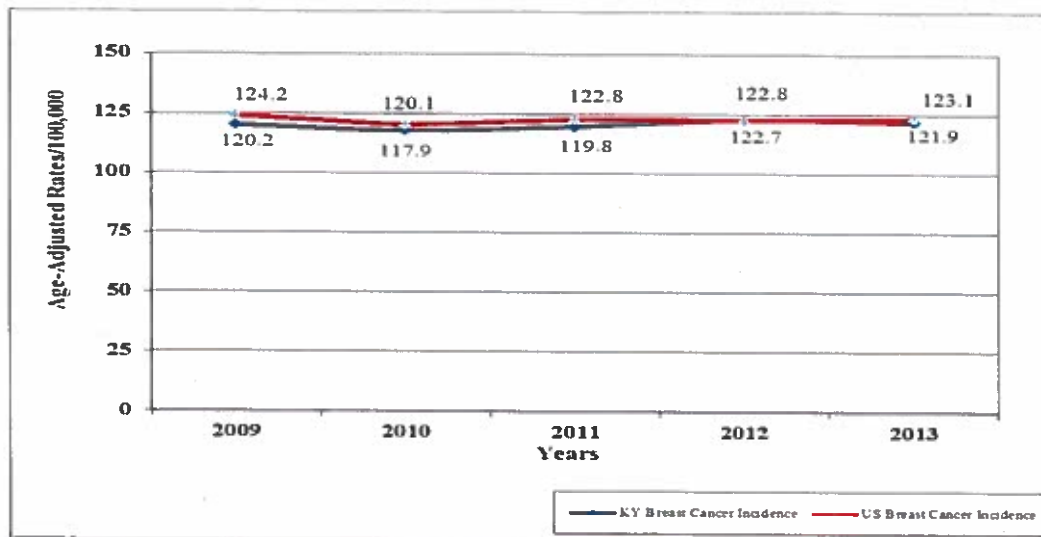
## Breast Cancer in Kentucky

Breast cancer is the most commonly diagnosed cancer among American women. The American Cancer Society (ACS), estimates that American women born today have a 1 in 8 lifetime risk of developing the disease. According to the most recent data available, breast cancer is the second leading cause of cancer deaths among women in Kentucky (Figure 1).



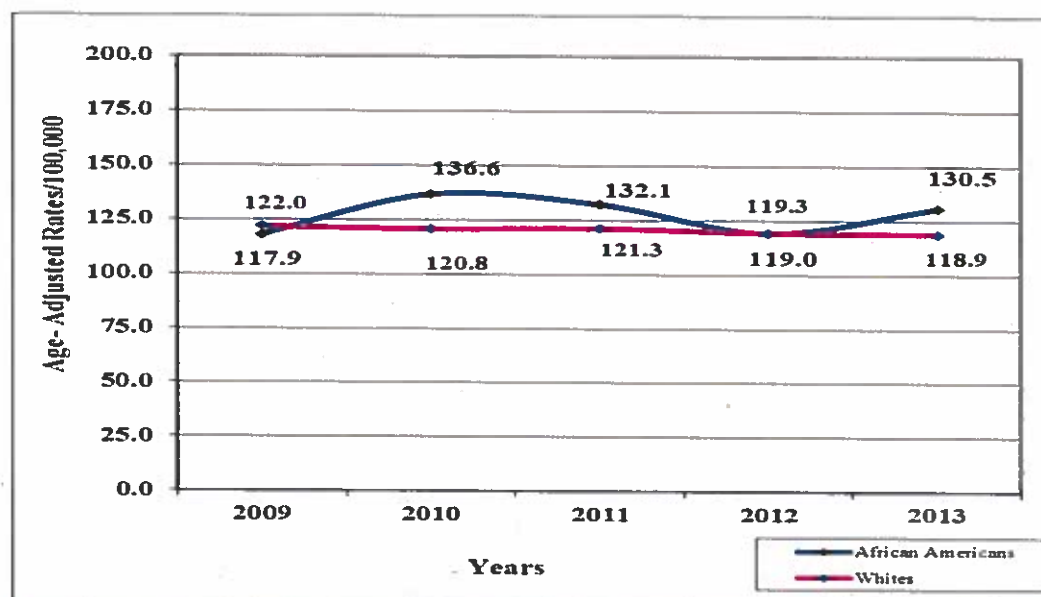
## Breast Cancer Incidence

Breast cancer incidence rates (the rate of new cases of breast cancer) in Kentucky women have remained stable since 2009. The U.S. female breast cancer incidence rates decreased during the same time period. According to the Surveillance, Epidemiology, and End Results (SEER) Program data of the National Cancer Institute for the years 2009 to 2013, the five year average age-adjusted female breast cancer incidence rate in Kentucky was 120.0 cases per 100,000 women, lower than the average U.S. rate of 122.6 cases per 100,000 women (See Figure 2 for breast cancer incidence data from 2009 to 2013). Appendix A provides a map that displays breast cancer incidence rates by county.



**Figure 2. Female Invasive Breast Cancer Incidence Rates, Kentucky vs U.S., 2009-2013 (Source: Kentucky Cancer Registry, 2016)**

Figure 3 shows the yearly age-adjusted breast cancer incidence rates from 2009 to 2013 in Kentucky. The age-adjusted rates for African American women fluctuates from 117.9/100,000 in 2009 to 130.5/100,000 women in 2013, while the age-adjusted rate for white women during that time period slightly decreased from 122.0/100,000 to 118.9/100,000 women. The five year average of these rates from 2009 to 2013 reflects a higher incidence of breast cancer among African American women in Kentucky (127.2 cases per 100,000) than among white women (120.5 cases per 100,000) in Kentucky.



**Figure 3. Female Breast Cancer Incidence Rates by Race in Kentucky, 2009-2013 (Source: Kentucky Cancer Registry, 2016)**



## Breast Cancer Mortality

National studies suggest a higher risk for breast cancer mortality in women with lower household incomes; less access to healthcare services for screening, diagnosis, and treatment; decreased outreach encounters; and later detection of the disease.

Breast cancer death rates in Kentucky and nationally have declined slightly over the five year period from 2009 to 2013 (Figure 4). In Kentucky, this rate ranged from 23.3/100,000 to 21.0/100,000. This rate was slightly higher than the average breast cancer mortality rate in the United States at 22.3 deaths per 100,000 women during this five year time frame. The rate in the United States showed a decline from 22.2/100,000 in 2009 to 20.7/100,000 in 2013.

The trend in similar mortality rates continued for urban and rural Kentuckian women. From 2009 to 2013, the age-adjusted mortality rate of breast cancer in rural areas of Kentucky (22.5 deaths per 100,000 women) was comparable to the rate in the urban areas of Kentucky (22.0 deaths per 100,000 women).

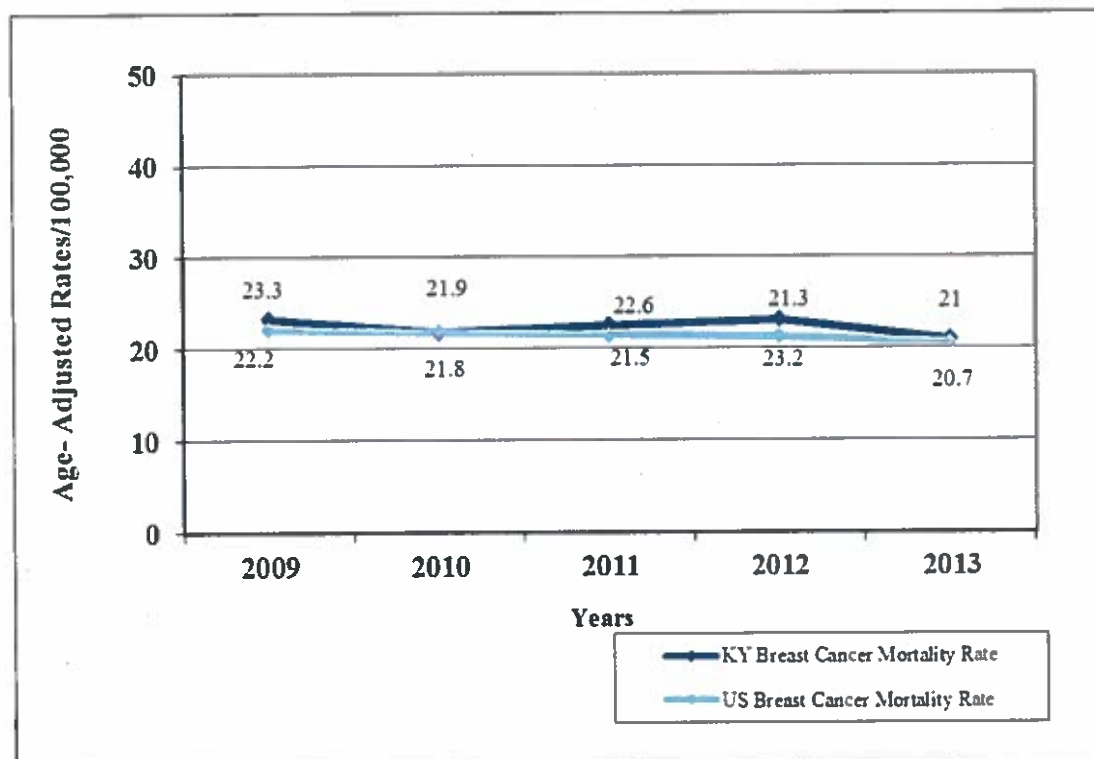


Figure 4. Female Invasive Breast Cancer Mortality Rates, Kentucky vs U.S., 2009-2013  
(Source: Kentucky Cancer Registry, 2016)



The most recent data from the Kentucky Cancer Registry (2009–2013) revealed three counties in Kentucky, Hart (42.1 per 100,000 women), Clay (41.3 per 100,000 women) and Harlan (41.0 per 100,000 women), had age-adjusted mortality rates due to breast cancer almost twice the state average age-adjusted rate of 22.2/100,000 women. Appendix B provides a map that displays breast cancer mortality rates by county in Kentucky for years 2009 to 2013.

Breast cancer mortality rates vary considerably across racial and ethnic groups in Kentucky as they do across the United States. African American women continue to die of breast cancer at a higher rate than any other race, suggesting racial disparities exist in Kentucky. The average annual age-adjusted breast cancer mortality rate in Kentucky from 2009-2013 was 21.6 cases per 100,000 white women and 30.1 cases per 100,000 African American women. Figure 5 shows the annual rates of breast cancer mortality by race in Kentucky for years 2009 to 2013.

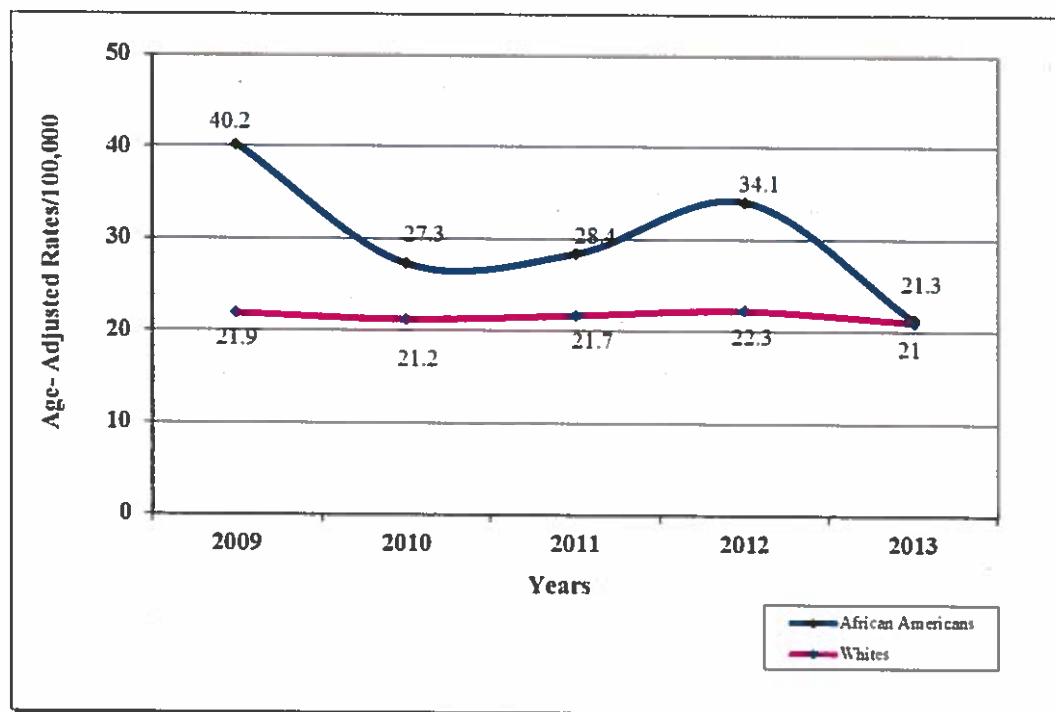
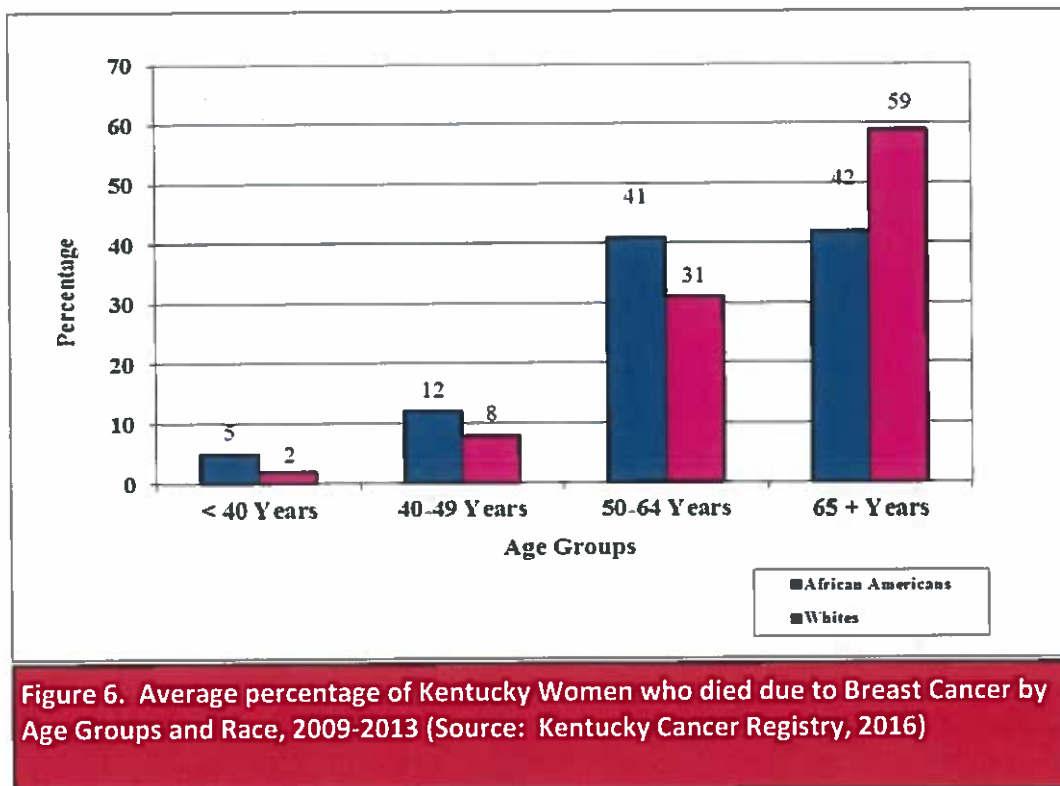


Figure 5. Female Breast Cancer Mortality Rates by Race in Kentucky, 2009-2013  
(Source: Kentucky Cancer Registry, 2016)

The observed higher mortality among African American women, especially in the lower age groups, may be the result of later detection of the disease among this demographic. In Kentucky from 2009 to 2013, 32% of breast cancer cases in African American women were found in the late stages versus 29% in white women. There remains a racial disparity in Kentucky, which indicates a need to continue outreach initiatives to assure access to services, promote early detection, and prompt treatment after diagnosis (Figure 6). The graph below demonstrates a cross sectional analysis of the average percentage of Kentucky women who died due to breast cancer by age and race between 2009—2013. The data remained stable during this five year period.



Given the small number of Hispanic women in the general Kentucky population (3% in 2013), available data for breast cancer mortality among Hispanic women is not sufficient to support reliable inferences. The Kentucky Women's Cancer Screening Program continues to assess breast cancer mortality trends among all disparate populations.

## Breast Cancer Screening Guidelines

In 2015, national screening guidelines endorsed by the CDC, American College of Obstetricians and Gynecologists (ACOG), and the American Cancer Society (ACS) recommend clinical breast exams be provided for women beginning at age 21 and annual screening mammograms be provided for women beginning at age 40.

According to the Kentucky Behavioral Risk Factor Surveillance System Survey (BRFSS), Kentucky women age 40 and older received screening mammograms at a consistent rate and a rate similar to the U.S. (Figure 7). The BRFSS is the nation's premier system collecting state data on U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

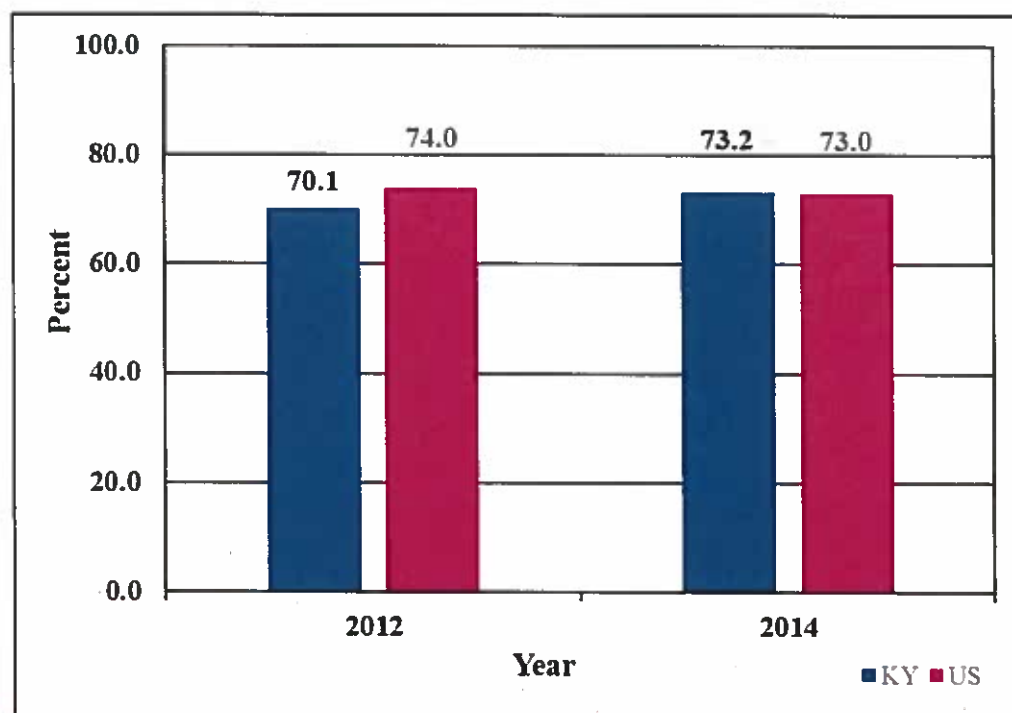
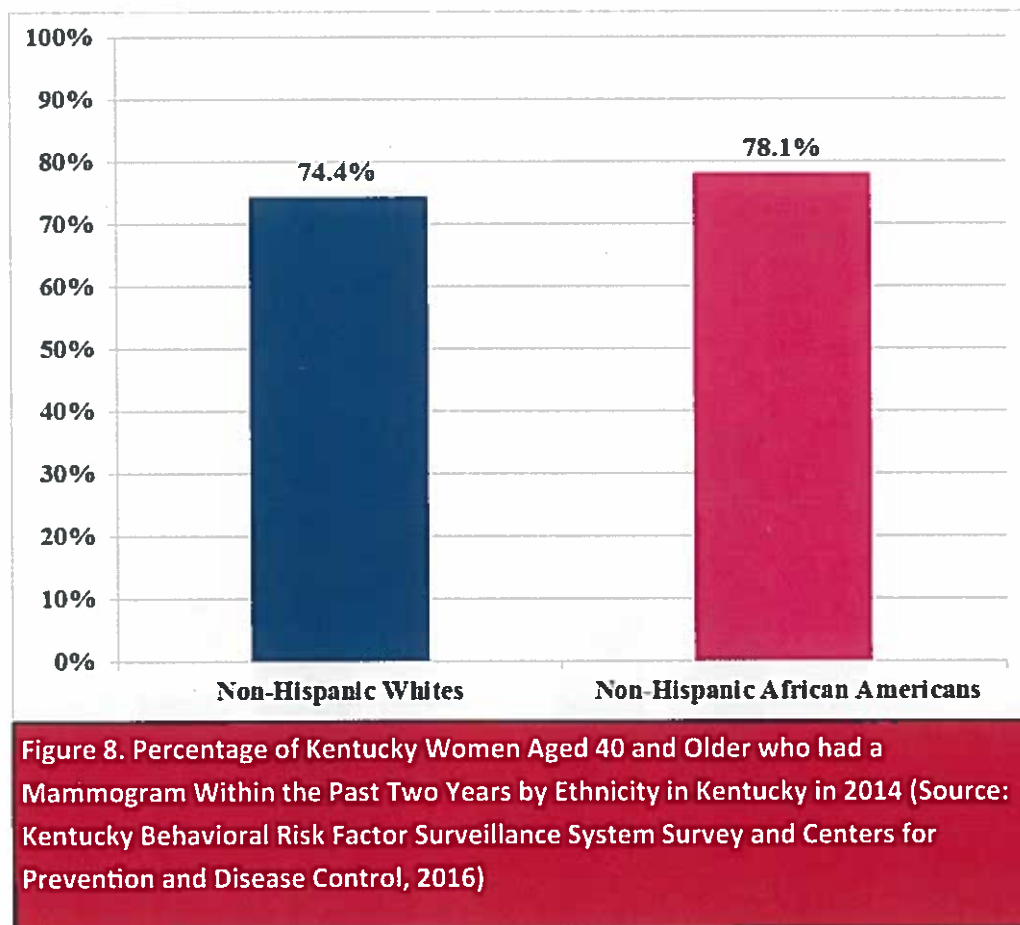


Figure 7. Percentage of Kentucky Women Aged 40 and Older who reported having a Mammogram within the Past Two Years; Kentucky vs. U.S. (Source: Kentucky Behavioral Risk Factor Surveillance System Survey and Centers for Prevention and Disease Control, 2016)

The 2014 Kentucky BRFSS indicated that a higher percentage of non-Hispanic African American women (78.1%) age 40 years and above had a mammogram performed within the past two years as compared to non-Hispanic white women (74.4%)<sup>1</sup> (Figure 8).

According to the same survey, a lower percentage (73.1%) of Hispanic women aged 40 years and above had a mammogram performed within the past two years as compared to non-Hispanic white women and non-Hispanic African American women <sup>2</sup>.



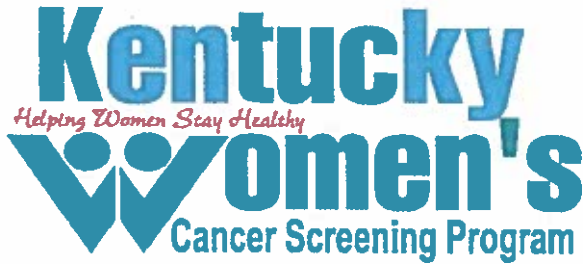
<sup>1</sup>An oversampling methodology was used for the non-Hispanic African American population to achieve a sample large enough to make generalizations about the data. This ensures the final data sample includes a sufficient number of African American respondents.

<sup>2</sup>The BRFSS sample does not include a sufficient number of Hispanic respondents to make generalizations about the population in Kentucky. Please use caution when interpreting this result.

## **Kentucky Women's Cancer Screening Program**

The Kentucky Women's Cancer Screening Program (KWCSF), was established in 1990 to provide high quality breast and cervical cancer screening services at a low or reduced cost to women in each of Kentucky's 120 counties. Since 1998, the program has provided screening and diagnostic services to women with the availability of approximately \$2.6 million from the Centers for Disease Control and Prevention (CDC) through the National Breast and

Cervical Cancer Early Detection Program. The mission of the KWCSF is carried out through preventive health programs at the LHDs.



### **Eligibility Criteria**

The KWCSF serves women who may not otherwise receive breast cancer screening services. These women are ages 21 to 64 years old, have a household income of 250% or less of the federal poverty level, and are uninsured. Women with household incomes below 100% of the poverty level receive services at a minimal to no cost. Women with household incomes between 100% and 250% of the poverty level are charged according to a sliding fee schedule. Women are never denied services due to an inability to pay.

Women receive breast cancer screening services appropriate to their age and medical history. Those 21 to 39 years of age receive clinical breast exams (CBEs) and screening mammography services if they have been previously diagnosed with breast cancer, have had chest wall radiation, have an abnormal CBE, or have a family history of premenopausal breast cancer. Women 40 to 64 years of age receive clinical breast exams and annual screening mammograms. Women not meeting the eligibility criteria for services through the KWCSF are referred to other programs for cancer screening services.

## **Provision of Services**

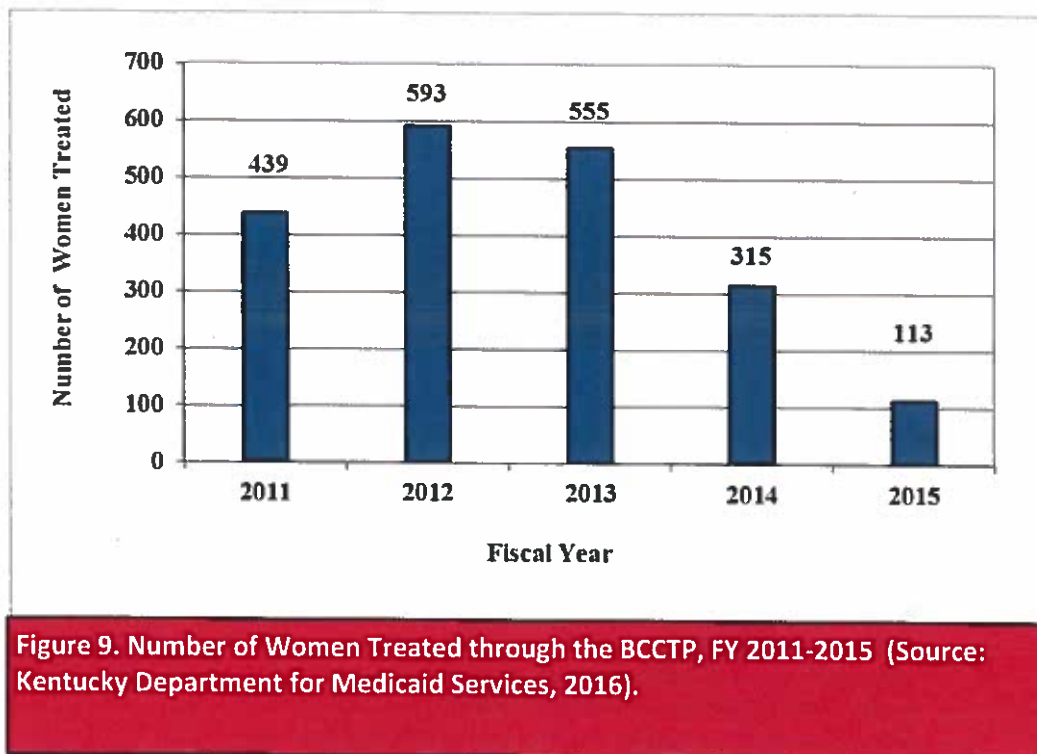
Breast cancer screening services are provided by a physician, nurse practitioner, or a specially trained registered nurse at a local health department or contracted healthcare professional. A cancer screening visit may include a health history, risk reduction counseling, a physical examination including a Pap test, a pelvic exam, a clinical breast exam, laboratory tests, and referral for an annual mammogram. Nurse case management is also provided for patient follow-up in the event of a patient's abnormal test results. Patients are encouraged to receive all services, however, the patient retains the right to refuse any part of the exam.

LHDs contract with local professionals for mammograms and diagnostic tests. In counties where there is not a certified mammography facility or where an agreement cannot be established, a contract is established with a neighboring county or with a mobile mammography unit. There are approximately 159 mammography facilities available to local health department clients across the state. The KWCSF staff members provide technical assistance to LHDs to identify providers and assist with funding to ensure transportation for patients to attend their medical appointments.

Local health department clients who receive abnormal breast cancer screening results are referred to physicians for follow-up diagnostic services, including diagnostic mammography. For services for which no funds are available, or for services not covered by third party payers, LHDs negotiate with local physicians to provide these services to patients at a minimal cost. The KWCSF assists with enrolling and initiating necessary referrals to the Department for Medicaid Services' Breast and Cervical Cancer Treatment Program for the treatment of women who have breast or cervical cancer but who have no health care coverage.

## **Breast and Cervical Cancer Treatment Program (BCCTP)**

On October 1, 2002, the BCCTP became available for women who were screened for breast cancer through the KWCSF. Kentucky's Department for Medicaid Services (DMS) added coverage through special eligibility processes to enroll women who require treatment for breast or cervical cancer or precancerous conditions. Since 2002, the KWCSF has collaborated with the DMS to provide treatment to approximately 5,340 women through the BCCTP. Without the availability of the screening and diagnostic services and the treatment referrals, these women might not have been diagnosed or received treatment for breast or cervical cancer or precancerous conditions. The decrease in KWCSF referrals to the BCCTP is attributed to women previously enrolled in the KWCSF who now receive services through the Kentucky Medicaid expansion, which began January, 2014 (Figure 9).



## Public Education and Outreach

During FY 2015, a continued collaborative effort with KWCSF partners resulted in outreach efforts to recruit women into the Kentucky Women’s Cancer Screening Program. The KWCSF partners implement activities to increase awareness of the need for breast screenings, targeting women age 40 and older. Women who have never been screened for breast cancer are at risk for late detection of breast cancer, which could result in higher mortality rates. The KWCSF helped plan and support local outreach initiatives through presentations, distribution of educational materials, health fairs, professional education and awareness activities, navigation, and education at the Kentucky State Fair.

The KWCSF collaborated with the Department for Medicaid Services (DMS) to include utilizing the DMS’s data to identify screening mammography rates for women enrolled in Medicaid. The KWCSF will continue this collaboration to increase early detection of breast cancer and decrease mortality among this population. This effort will also result in a decrease of DMS’s expenses for breast cancer treatment and improve the quality of life for breast cancer patients.



## Clinical Services Report

### Screening Mammograms

Since 1991, at least 321,996 screening mammograms have been performed through LHDs in Kentucky. A decrease in the number of screening mammograms performed by the LHDs in FY 2013, FY 2014, and FY 2015 can be partly attributed to improved data quality as well as the impact of the Affordable Care Act (Figure 10). The Kentucky Department for Public Health staff provides trainings to LHD staff on the reporting of technical and professional components of a screening mammogram including Current Procedural Terminology (CPT) codes. Of the nearly 3,768 screening mammograms provided through LHDs in FY 2015, 1,425 (39%) were provided to KWCSP eligible women.

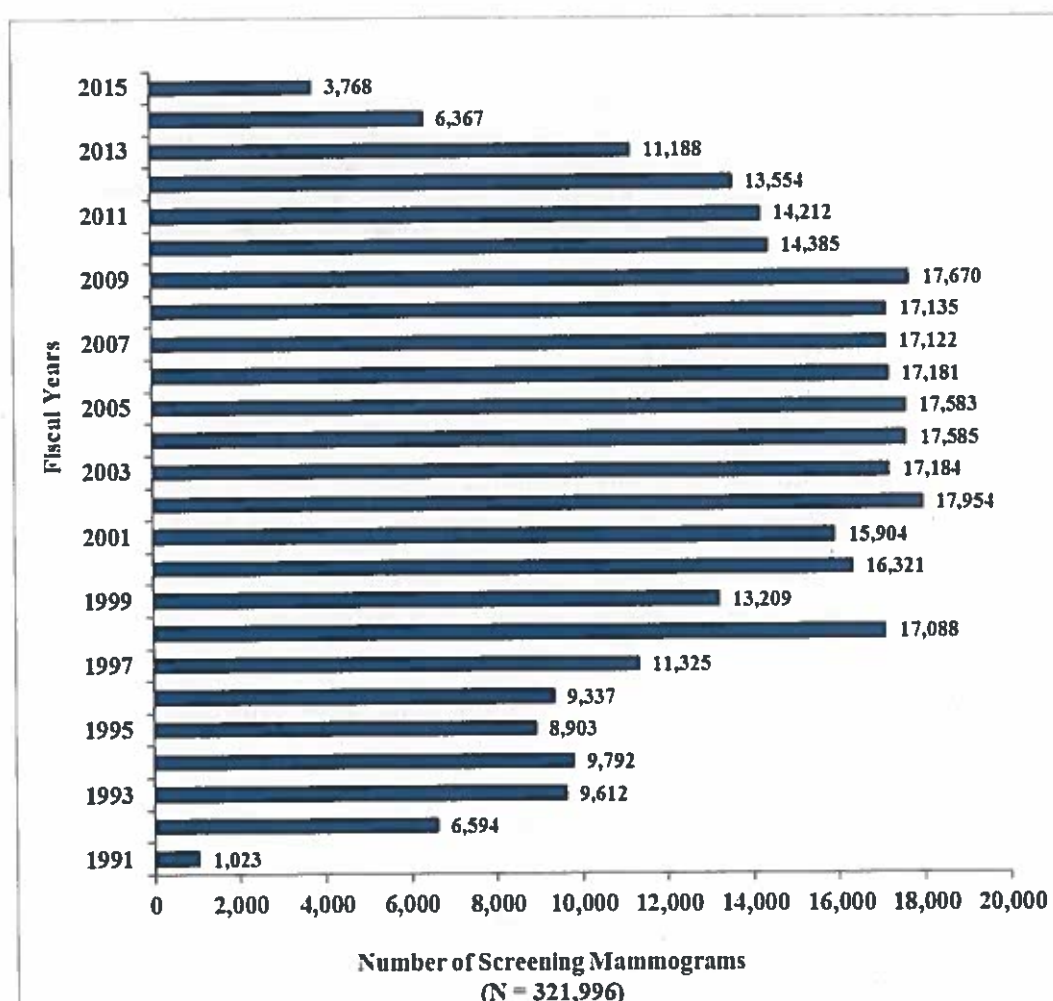
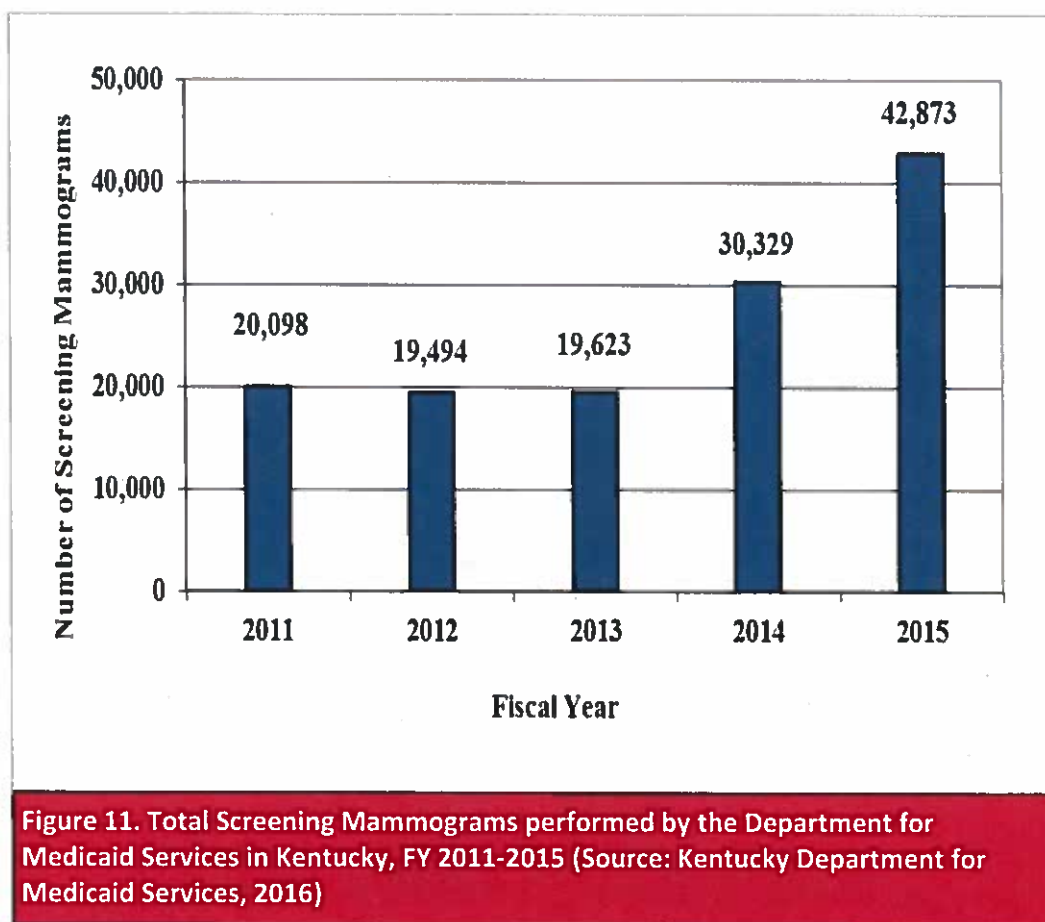
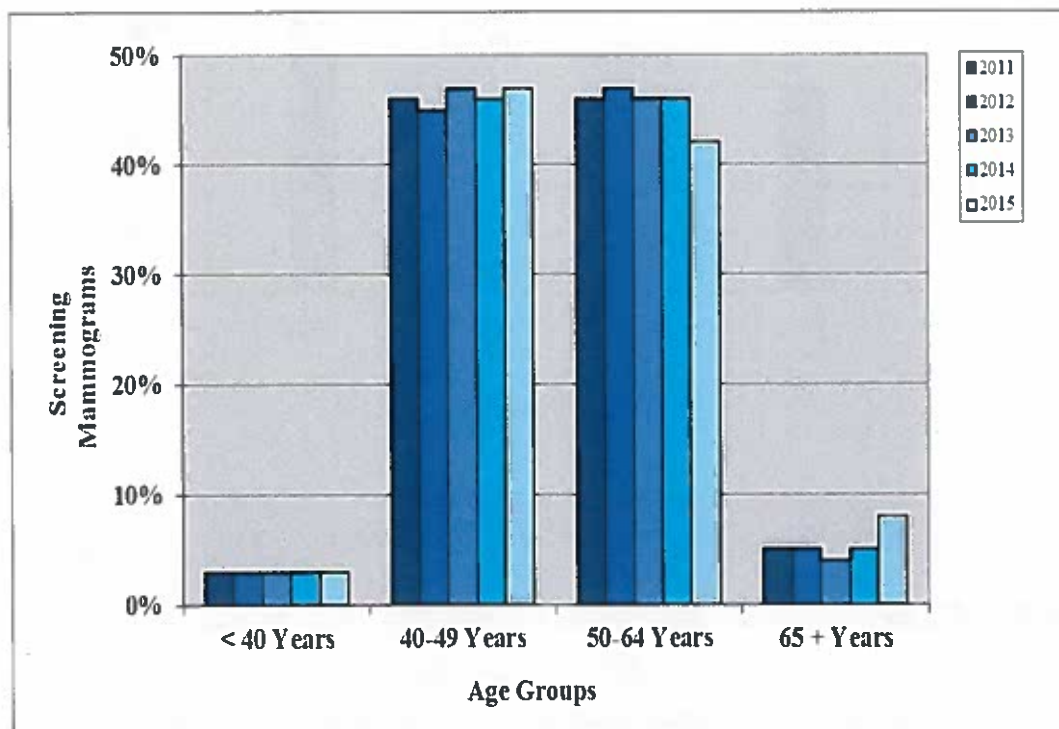


Figure 10. Total Screening Mammograms Performed through the Local Health Departments in Kentucky, FY 1991-2015 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, 2016).

The number of women who received screening mammograms through the KWCSP in FY 2014 and FY 2015 has decreased compared to FY 2013. This decrease can be attributed in part to an increase in screening mammograms provided through Medicaid expansion services in FY 2015 (Figure 11). The KWCSP continues to inform women about the program through outreach, education, and navigation through LHDs, private providers and university partners.

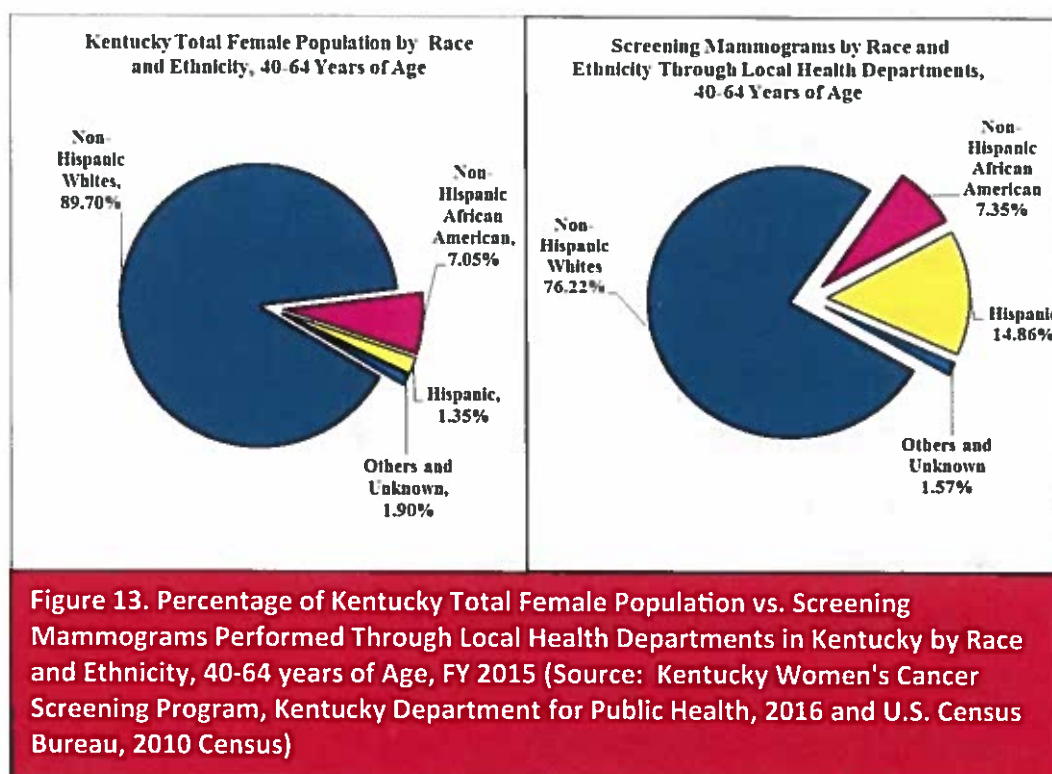


From FY 2011 through FY 2015, the percentage of screening mammograms among all age groups has remained relatively stable (Figure 12). In FY 2015, 97% of screening mammograms performed through LHDs were provided to women 40 years old and older. Of these women, 47% were ages 40-49, 42% were ages 50-64, and 8% were ages 65 and older. Results of several large national studies indicate that screening mammograms reduce the number of deaths from breast cancer for women over 40 years old, especially for women over 50 years old. Since national guidelines do not recommend routine screenings for women younger than age 40, a lower percentage of screening mammograms for this age group is to be expected. However, women younger than 40 years old are provided mammograms at LHDs if they have symptoms or a family history of premenopausal breast cancer. Women 65 years and older who are eligible for Medicare may choose to obtain screening mammography services from private providers instead of the LHDs. This is the most likely explanation for the lower percentage of women 65 years and older who received screening mammograms through LHDs compared to other age groups.



**Figure 12. Percentage of Screening Mammograms Performed Through Local Health Departments in Kentucky by Age Groups, FY 2011-2015 (Source: KWCSP, Kentucky Department for Public Health, 2016)**

In 2015, the state's female population for ages 40-64 years for non-Hispanic white was 89.70%; 7.05% non-Hispanic African American; 1.35% Hispanic; and 1.9% Others and Unknown. Of Kentucky's female population, the majority of screening mammograms (76.22%) through LHDs, including KWCSF were provided to non-Hispanic white women. The remaining screening mammograms were divided among non-Hispanic African Americans (7.35%), Hispanics (14.86%), and Others and Unknowns (1.57%), which includes Asians and American Indian women (Figure 13). The graph below demonstrates that the program's outreach efforts to address health disparities were effective. The high percentage of screening mammograms in the Hispanic population compared to the overall population of Hispanic females in Kentucky can be attributed in part to the "Horses and Hope" events that recruit women and partners of men who work in the thoroughbred industry.



## Outcomes

Through the LHDs' KWCSF screenings, 1,621 cases of breast cancer (pre-cancers and invasive) were detected in women between FY 2002 and FY 2015. In FY 2015, a total of 18 cases of breast cancer were detected through local health department program services. Figure 14 shows the detection of breast cancers through the LHDs for FY 2002 through FY 2015, though data for FY 2009-2015 is still preliminary and may change. The KWCSF staff partners with the Kentucky Cancer Registry and the Centers for Disease Control and Prevention to utilize new software technology to assure data quality. Clinical outcome information for FY 1991-2001 is available upon request.

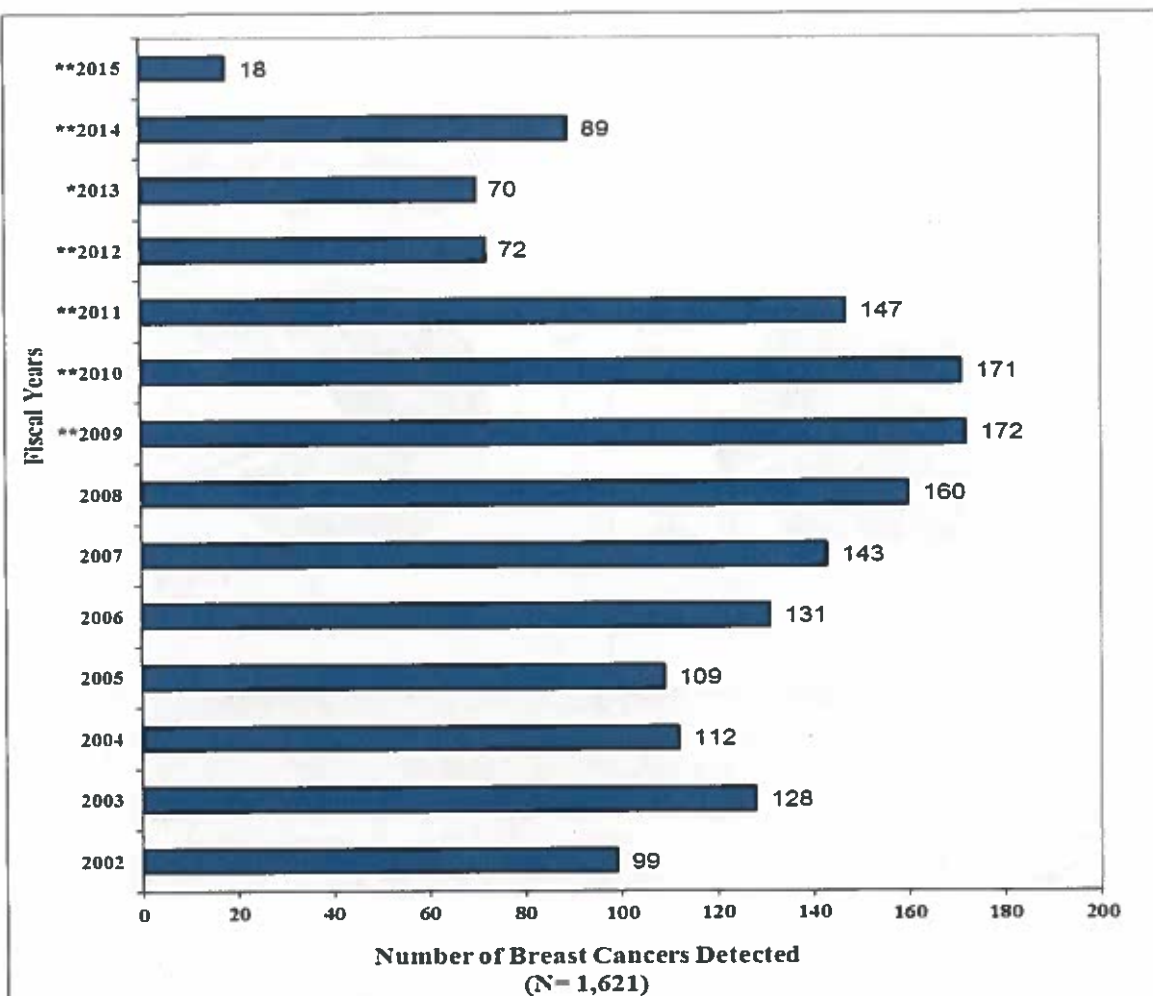


Figure 14. Total Number of Invasive Breast Cancers Diagnosed FY 2002-2015 (Source: Kentucky Cancer Registry and the Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, 2016)

\*\* Data for FY 2009-2015 are preliminary



## Quality Assurance

Continuous quality assurance activities promote the quality of service delivery at LHDs, contracted professionals, mammography facilities, and laboratories. The KWCSP is required to submit quality assurance data to the CDC twice each year. CDC reviews this data and provides feedback on performance indicators which measure the timeliness and appropriateness of care provided. The CDC also uses the KWCSP data to generate Kentucky's Data Quality Indicator Guide (DQIG). The CDC data analysis reflects that the KWCSP clients meet or exceed the expected CDC standard for women who receive complete follow-up.

The FY 2015 performance report reveals the program met 10 of 11 core program performance indicators; five of these indicators relate to breast cancer and six indicators relate to cervical cancer. Based on the FY 2015 CDC report, the program met or exceeded the CDC standards for quality of breast cancer services for the last nine years (Table 1). Per the CDC, the second indicator (Abnormal Breast Cancer Screening Results with Complete Follow-up) in Table 1 below was met statistically.

Table 1. Breast Cancer Quality of Care Core Program Performance Indicators Kentucky Women's Cancer Screening Program, FY 2015					
Program Performance Indicator	CDC Standard	Kentucky Results		National Results	
		Percentage	Standard Met?	Percentage	Standard Met?
Screening Mammograms Provided to Women > 50 years of age	≥ 75%	41.5.0% (725/1,746)	No	82.4%	YES
Abnormal Breast Cancer Screening Results with Complete Follow-up	≥ 90%	88.6% (504/569)	YES	95.9%	YES
Abnormal Breast Cancer Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	5.6% (28/504)	YES	6.8%	YES
Treatment Started for Breast Cancer	≥ 90%	100.0% (18/18)	YES	97.3%	YES
Breast Cancer; Time from Diagnosis to Treatment > 60 days	≤ 20 %	0.0% (6/16)	YES	7.5%	YES

Clinical benchmarks developed and implemented to standardize the quality assurance review process correlate with standards established by the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The quality assurance review process includes targeted activities to identify opportunities for program improvement and to recognize LHDs in need of further assessment or technical assistance.

In FY 2015, quality assurance activities included routine site visits conducted at LHDs throughout Kentucky. During a site visit, the state Case Management Coordinator (CMC) reviews the patient follow-up tracking system and external healthcare professional contracts. The CMC assesses local health department compliance with federal and state program guidelines and policies, as well as needs for training and technical assistance to assure the continuity of appropriate and timely quality care. The utilization of a standardized quality assurance tool during chart reviews assures that specific criteria and standards are being reviewed and consistently measured at each site. Any issues or concerns identified during the site visit are immediately addressed by the CMC with the local health department staff. All findings are also communicated to the local health department in writing within 14 days of the site visit. If applicable, a written plan of correction may be requested from the local health department and a follow-up review is conducted by the CMC to assure appropriate actions were taken to resolve issues.

In addition, protocols and practices are reviewed by the KWCSP Breast Cancer Medical Advisory Committee (BCMAC). Members of the BCMAC include OB/GYNs, radiologists, surgeons, and clinical pathologists. The BCMAC provides clinical expertise and guidance regarding standards of care to promote quality breast cancer services.

## **Clinical Standards**

Clinical standards, including timetables for screening, diagnostic follow-up, and case management, are established for the LHDs through the Core Clinical Service Guide (CCSG). The CCSG is updated annually and reflects current nationally recognized research and best practices for local health department nurses. This reference contains the standards and clinical protocols by which services are evaluated through routine and focused quality assurance activities by nurses. In accordance with nationally recommended screening guidelines, the CCSG's guidelines for breast cancer screenings recommend that annual clinical breast exams be provided beginning at age 21 and annual screening mammograms be provided beginning at age 40. Those 21 to 39 years of age receive mammography services if they have been previously diagnosed with breast cancer, have had chest wall radiation, have an abnormal CBE, or have a family history of premenopausal breast cancer. All women with an abnormal clinical breast examination, regardless of age, are referred for surgical consultation for further evaluation.



## **Case Management**

The goal of case management is for all women enrolled in the KWCSF to receive accessible, timely, and medically appropriate screenings and referrals for diagnostic and treatment services. Each local health department is required to designate a Nurse Case Manager (NCM) to assure complete and timely tracking and follow-up for all women with abnormal screening and diagnostic test results. The NCM employs a patient tracking system to ensure women receive timely notification and referrals to providers following abnormal screenings and diagnostic test results. Using a patient reminder tool, the NCM assists patients with case management services and follow-up services at appropriate screening intervals. Additionally, the NCM is responsible for the development and implementation of an appropriate plan of care, coordination of patient care with healthcare professionals, individualized patient counseling and education on test results and procedures, and ongoing review of the patient's plan of care to assure adherence to the current CCSG. Each NCM completes one-on-one training with a KWCSF's Quality Assurance Coordinator as a part of their orientation process.

## **Professional Development**

In collaboration with the KWCSF, the University of Louisville Professional Education Coordinator with the Kentucky Cancer Program (KCP) promoted eight web based training modules for Kentucky healthcare professionals entitled, "How to Best Utilize the State's Breast and Cervical Cancer Screening and Treatment Programs", "Who are the Never or Rarely Screened? Part I and II", "Cancer Screening and Follow-Up Using Kentucky's Core Clinical Service Guide", "How Physicians and Their Practices Can Best Utilize the State's Breast and Cervical Cancer Screening and Treatment Programs", "Nurse Case Management, Helping Women with Abnormal Results", "Documentation for Abnormal Breast and Cervical Cancer Screening", and "Clinical Breast Examination Proficiency and Risk Management". In FY 2015, the KCP provided presentations to medical professional groups at regional and statewide meetings regarding the Kentucky Women's Cancer Screening Program and the Breast and Cervical Cancer Treatment Program. In addition, KCP provided Clinical Breast Examination Proficiency and Risk Management Training Courses for local health department clinical personnel.

## **Data Monitoring**

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) requires the KWCSF to collect an expanded data set that includes up to 100 variables referred to as the Minimum Data Elements (MDEs). These variables are collected from the Kentucky LHDs to measure the effectiveness and efficiency of the program, as well as areas of concern to be addressed. MDEs are reported twice yearly to the CDC, which then provides feedback on the program's performance after each submission. The CDC reviews the program's report to determine whether standards are met for NBCCEDP performance indicators. Continued quality assurance efforts have contributed to improvements in data management as well as the collection and reporting of KWCSF services.

Throughout FY 2015, the program continued efforts to streamline the data collection and reporting system to assure that NBCCEDP performance indicators were met. For example, the KWCSF implemented data management tools to review vendor data files. These tools were used to assess monthly the completeness, accuracy, and timeliness of the data reported in the data management vendor's file. As a result of this and other efforts, the KWCSF submitted 99.5% complete data to CDC in FY 2015.

Although changes to the data collection and reporting process have resulted in dramatic improvements in data timeliness and completeness, the program continues to address challenges in data management systems as identified through the program's quality assurance monitoring. Quality assurance monitoring of local health department performance is accomplished through analysis of data files and site visits to determine a local health department's needs for technical assistance and program performance improvements. Ongoing assessment is necessary to ensure completeness and accuracy of eligibility, clinical screening, and diagnostic service data, as well as the quality of services provided and fiscal accountability.

## **Financial Progress Report**

The KWCSF is supported by federal and local funds and patient self pay contributions. The majority of the funds pay for breast cancer screening services for eligible women and diagnostic follow-up tests. The remainder of the funds support administrative and infrastructure costs, which include program staff salaries, professional training programs for nurses and physicians, community outreach efforts, and other program activities. The KWCSF staff provides oversight and monitors contracts with universities and memoranda of agreements with the LHDs that support cancer screening services, follow-up diagnostic tests, case management, local outreach projects, and community based staff. LHDs supplement the funding for breast cancer screening services through the collection of patient sliding scale fees and local tax appropriations.

In FY 2015, the CDC's National Breast and Cervical Cancer Early Detection Program provided \$2,724,892 to the KWCSF for breast and cervical cancer screening and diagnostic services. Approximately \$2 million (76%) was expended on clinical services and \$649,306 (24%) was spent on non-clinical costs.

The average cost of breast cancer screening and diagnostic services, including those patients who received clinical breast exams, screening and diagnostic mammograms, was \$213.45 per woman.

## **The Affordable Care Act**

Kentucky was one of the 26 states that expanded Medicaid under the Affordable Care Act.

The Affordable Care Act and the Medicaid expansion impacted the Kentucky Women's Cancer Screening Program (KWCSF). Approximately 80% of the KWCSF's previously eligible population are now covered by Medicaid or a Qualified Health Plan (QHP) through the health benefit exchange.

The KWCSF will continue to analyze how these additional covered lives are impacting Kentucky's breast cancer burden. The KWCSF is committed to providing breast and cervical screening, diagnosis, and follow-up for program eligible women across the Commonwealth.

## Appendix A. Invasive Breast Cancer Incidence Rates by Kentucky Counties, 2009-2013



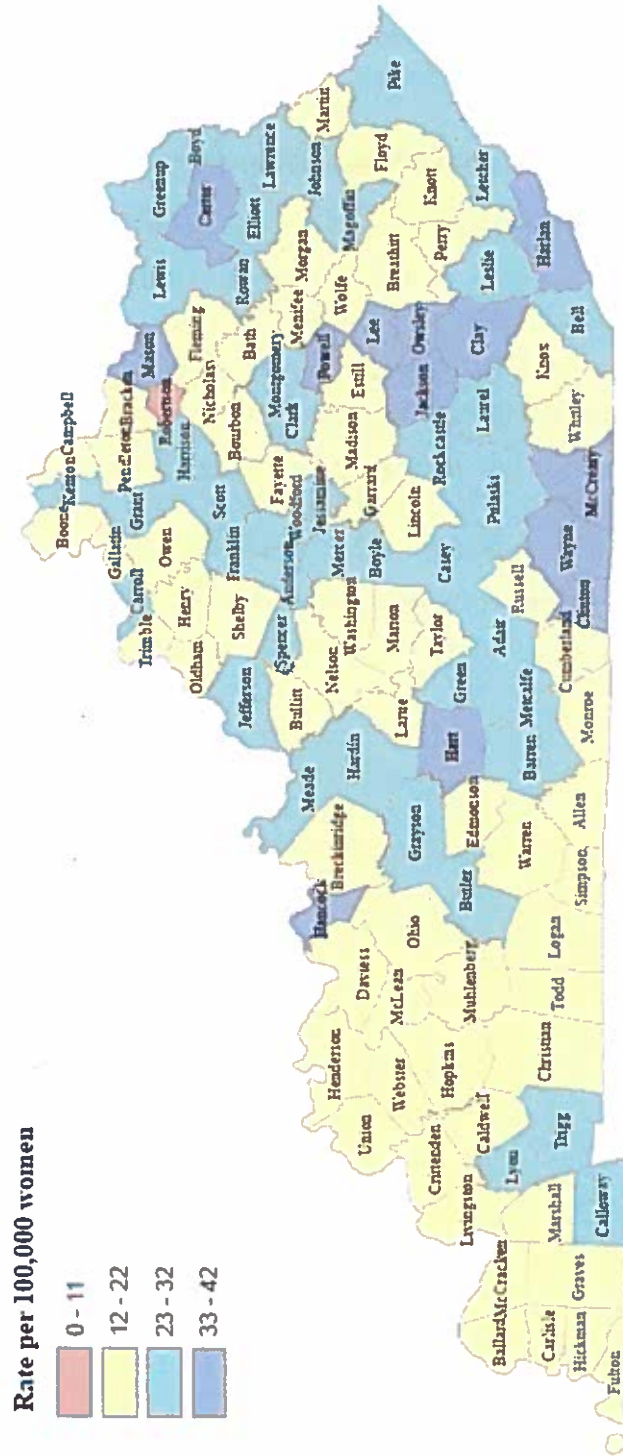
135 - 155

**Female population in Kentucky in 2013: 2,233,995**

**Data Source:** Kentucky Cancer Registry, 2016

## APPENDIX B

## Appendix B. Invasive Breast Cancer Mortality Rates by Kentucky Counties, 2009-2013



Number of Invasive breast cancer cases in KY 2009-2013: 16,035  
KY state Age-Adjusted mortality rate 2009 - 2013: 22.2 cases per 100,000 women  
Data Source: Kentucky Cancer Registry, 2016

All rates per 100,000 females  
Rate are Age-Adjusted to the 2000 U.S. Standard Million Population  
Female population in Kentucky in 2013: 2,233,995

## APPENDIX C

### Glossary

**Age-Adjusted:** It is a technique used to allow populations to be compared when the age profiles of the populations are quite different.

**Incidence:** Rate of new cancers of a specific site/type occurring in a specified population during a year, expressed as the number of cancers per 100,000 people.

**Mammogram:** A form of breast x-ray used to detect breast cancer.

**Mammogram, Screening:** Two x-ray views of each breast typically used when a physical exam shows no signs or symptoms of breast cancer.

**Mammogram, Diagnostic:** Two or more x-ray views of one or both breasts, typically used when a physical exam or screening mammogram shows signs or symptoms of breast cancer.

**Payer:** Agency responsible for paying for services performed through Local Health Departments (LHDs); includes The Kentucky Women's Cancer Screening Program, Medicaid, Medicare, commercial insurance, and the client herself (self-pay).

**Ultrasound, Breast:** An imaging procedure using high-frequency sound waves to create an image of a change in breast tissue.

## APPENDIX D

### Kentucky Revised Statutes and Administrative Regulations

#### 1. Kentucky Women's Cancer Screening Program

##### **KRS 214.550 Definitions for KRS 214.552 to 214.556.**

As used in KRS 214.552 to 214.556:

- (1) "Department" means the Department for Public Health of the Cabinet for Health and Family Services.
- (2) "Fund" means the breast cancer screening fund.
- (3) "Screening" means the conduct of screening mammography for the purpose of ascertaining the existence of any physiological abnormality which might be indicative of the presence of disease.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. 99, sec. 461, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 408, effective July 15, 1998. -- Amended 1994 Ky. Acts ch. 184, sec. 1, effective July 15, 1994. -- Created 1990 Ky. Acts ch. 318, sec. 2, effective July 1, 1990.

##### **KRS 214.554 Breast Cancer Screening Program -- Breast Cancer Advisory Committee -- Annual report.**

- (1) There is established within the department a Breast Cancer Screening Program for the purposes of:
  - (a) Reducing morbidity and mortality from breast cancer in women through early detection and treatment; and
  - (b) Making breast cancer screening services of high quality and reasonable cost available to women of all income levels throughout the Commonwealth and to women whose economic circumstances or geographic location limits access to breast cancer screening facilities.
- (2) Services provided under the Breast Cancer Screening Program may be undertaken by private contract for services or operated by the department and may include the purchase, maintenance, and staffing of a truck, a van, or any other vehicle suitably equipped to perform breast cancer screening. The program may also provide referral services for the benefit of women for whom further examination or treatment is indicated by the breast cancer screening.
- (3) The department may adopt a schedule of income-based fees to be charged for the breast cancer screening. The schedule shall be determined to make screening available to the largest possible number of women throughout the Commonwealth. The department shall, where practical, collect any available insurance proceeds or other reimbursement payable on behalf of any recipient of a breast cancer screening under KRS 214.552 to 214.556 and may adjust the schedule of fees to reflect insurance contributions. All fees collected shall be credited to the fund.



(4) The department may accept any grant or award of funds from the federal government or private sources for carrying out the provisions of KRS 214.552 to 214.556.

(5) For the purpose of developing and monitoring the implementation of guidelines for access to and the quality of the services of the Breast Cancer Screening Program, there is hereby created a Breast Cancer Advisory Committee to the commissioner of the Department for Public Health which shall include the directors of the James Graham Brown Cancer Center and the Lucille Parker Markey Cancer Center, the director of the Kentucky Cancer Registry, the director of the Division of Women's Physical and Mental Health, one (1) radiologist with preference given to one who has been fellowship-trained in breast diagnostics and who shall be appointed by the Governor, one (1) representative of the Kentucky Office of Rural Health appointed by the Governor, one (1) representative of the Kentucky Commission on Women appointed by the Governor, and at least three (3) women who have had breast cancer and who shall be appointed by the Governor.

(6) The commissioner of the Department for Public Health, in consultation with the Breast Cancer Advisory Committee, shall annually, but no later than November 1 of each year, make a report to the Governor, the Legislative Research Commission, and the Interim Joint Committees on Appropriations and Revenue and on Health and Welfare on the: (a) Implementation and outcome from the Breast Cancer Screening Program including, by geographic region, numbers of persons screened, numbers of cancers detected, referrals for treatment, and reductions in breast cancer morbidity and mortality;

(b) Development of quality assurance guidelines, including timetables, for breast cancer screening under this section, and monitoring of the manner and effect of implementation of those guidelines; and

(c) Funds appropriated, received, and spent for breast cancer control by fiscal year.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. 99, sec. 462, effective June 20, 2005. -- Amended 2003 Ky. Acts ch. 48, sec. 1, effective June 24, 2003. -- Amended 1998 Ky. Acts ch. 95, sec. 1, effective July 15, 1998; and ch. 426, sec. 409, effective July 15, 1998. -- Amended 1994 Ky. Acts ch. 184, sec. 2, effective

## 2. Breast and Cervical Cancer Treatment Program

### **907 KAR 1:805. Breast and cervical cancer eligibility for Medicaid.**

RELATES TO: 42 U.S.C. 1396a(aa)

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3), EO 2004-726

NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health Services and placed the Department for Medicaid Services and the Medicaid Program under the Cabinet for Health and Family Services. The Cabinet for Health and Family Services, Department for Medicaid Services, has responsibility to administer the Medicaid Program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This administrative regulation establishes the requirements for the determination of Medicaid eligibility for low-income,

uninsured women under the age of sixty-five (65) who have been identified by the Kentucky Women's Cancer Screening Program and are in need of treatment for breast or cervical cancer, including a precancerous condition and early stage cancer.

Section 1. Definitions. (1) "Cabinet" means the Cabinet for Health and Family Services.

(2) "CDC" means the federal Centers for Disease Control and Prevention.

(3) "Creditable coverage" is defined in KRS 304.17A-005(7).

(4) "Department" means the Department for Medicaid Services or its designated agent.

(5) "Kentucky Women's Cancer Screening Program" means the program administered by the Department for Public Health which provides breast and cervical cancer screening and diagnostic services to low-income, uninsured or underinsured women using both state funds and monies from the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, including Title XV funds.

(6) "Qualified alien" means an alien who, at the time the alien applies for or receives Medicaid, meets the requirements established in 907 KAR 1:011, Section 5(12)(a)1b or c.

Section 2. Eligibility Criteria. A woman shall be eligible for Medicaid benefits if she:

(1) Has not attained the age of sixty-five (65);

(2) Is a United States citizen or qualified alien;

(3) Is a resident of Kentucky;

(4) Is not an individual described in any of the mandatory Medicaid categorically-needy eligibility groups;

(5) Is not a resident of a public institution in accordance with 907 KAR 1:011, Section 6;

(6) Has been:

(a) Screened for breast or cervical cancer under the Kentucky Women's Cancer Screening Program; and

(b) Found to need treatment for breast or cervical cancer, including a precancerous condition or early stage cancer;

(7) Does not have creditable coverage unless the treatment of breast or cervical cancer is not:

(a) A covered service; or

(b) Covered due to:

1. Exclusion as a preexisting condition;

2. An HMO affiliation period; or

3. Exhaustion of a lifetime limit on benefits; and

(8) Has provided a Social Security number in accordance with 907 KAR 1:011, Section 11.

Section 3. Limitation. A woman who is determined to require routine monitoring services for a precancerous breast or cervical condition shall not be considered to need treatment.

Section 4. Eligibility Period. (1) Medicaid eligibility may be effective three (3) months prior to the month of application.

(2) The length of Medicaid eligibility shall be as follows:

- (a) Four (4) months for the treatment of breast cancer;
- (b) Three (3) months for the treatment of cervical cancer; and
- (c) Two (2) months for the treatment of precancerous cervical or breast disorder.

(3)(a) The department may grant an extension of eligibility if further treatment is necessary for breast or cervical cancer or a precancerous cervical or breast disorder.

(b) To request an extension, the treating provider shall complete a MAP-813D, Breast and Cervical Cancer Treatment Program Request for Extension of Eligibility, and submit it to the department.

(c) After receipt of the completed MAP-813D, the department shall notify the recipient of the eligibility extension period.

(4) If the age of sixty-five (65) is attained during an eligible period, Medicaid eligibility shall be terminated at the end of the birth month.

Section 5. Department for Public Health Responsibilities. A local health department shall:

(1) In a joint effort with an applicant, complete a MAP-813B, BCCTP Eligibility Screening Form, to determine if the recipient is potentially eligible for Medicaid in another eligibility category;

(2) Refer the applicant to the local Department for Community Based Services office if she is potentially eligible in another Medicaid group;

(3) If the applicant is determined to meet the eligibility criteria established in Section 2 of this administrative regulation:

(a) In conjunction with the applicant, complete a MAP-813, Breast and Cervical Cancer Treatment Program Application; and

(b) Contact the department to obtain an authorization number; and

(4) If an authorization number is received, provide the applicant's eligibility information to the department.

Section 6. Recipient Responsibilities. The recipient shall be responsible for reporting to the department within ten (10) days a change in:

- (1) Breast or cervical cancer treatment status;
- (2) Creditable health insurance coverage;
- (3) Address; or
- (4) Another circumstance which may affect eligibility.

Section 7. Appeal Rights. (1) An appeal regarding the Medicaid eligibility of an individual shall be conducted in accordance with 907 KAR 1:560.

(2) If a woman is determined ineligible for the Kentucky Women's Cancer Screening Program, the appeal procedures shall be in accordance with 902 KAR 1:400.

Section 8. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "MAP-813B, BCCTP Eligibility Screening Form, September 9, 2002 edition," Department for Medicaid Services;

(b) "MAP-813, Breast and Cervical Cancer Treatment Program Application, January 15, 2003 edition," Department for Medicaid Services; and

(c) "MAP-813D, Breast and Cervical Cancer Treatment Program Request for Extension of Eligibility, January 15, 2003 edition," Department for Medicaid Services.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. through 4:30 p.m. (30 Ky.R. 181; eff. 8-20-2003.)

